

Bureau of Water • 1021 North Grand Avenue East • P.O. Box 19276 • Springfield • Illinois • 62794-9276

### Sanitary Sewer Overflow or Bypass Notification Summary Report

- Within 24 hours of the occurrence, notify the Illinois EPA regional wastewater staff by telephone, FAX, email or voice mail, if staff are unavailable.
- Within 5 days of the occurrence, provide a written report describing the overflow or bypass, including all information requested on this form. The permittee is required to submit this form or other equivalent written notification to the Illinois EPA at:

Bureau of Water/Compliance Assurance Section - MC #19 1021 North Grand Avenue East P.O. Box 19276 Springfield, IL 62794-9276

NOTE: You may complete this form online, save a copy locally, print, sign and submit it to the BOW/CAS MC #19, at the above address. You may also print the form before completing it by hand, signing and submitting it.

Failure to notify the Illinois EPA as specified may result in fines up to \$10,000 for each day of violation.

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Use one form per occurrence. A single occurrence may be more than one day if the circumstances causing the overflow or bypass results in a discharge duration of more than 24 hours. If there is a stop and restart of the overflow or bypass within 24 hours, but it is caused by the same circumstances, report it as one occurrence. If the discharges are separated by more than 24 hours, they should be reported as separate occurrences.

Permittee (Municipality or Facility Name): VILLAGE OF HOMEWOOD				ne):	Permit Number MS4-IL40035		Person Representing Permittee Who Contacted IEPA: BOB LACHAPELLE		
Date: 01-04-13	Time: 8:20	AM	PM ⊠	IEPA Office DES PLAIN	Contacted:		Name of IEPA Employee Contacted: Alan Anderson		
Sanitary Sev	wer Ov	_ erflow	or B	ypass Det	ails				
Date and Durat	ion of Ov	erflow	or Byp:	ass Occumer	nce (complete a	separate for	m for each occurrence):		
Start Date:	Time:	ΑМ	PM		the overflow or	bypass (hou	rs and minutes):		
01-03-13	7:20	_ Ц	X	2 HOURS					
Estimated Volu Wastewater Discharged (gallons):	V	WWTP F MGD): N ystem S	low D lot app SSO.	uring bypass plicable for a	(report in collection	Location of th	ne Overflow or Bypass:		
100 GALLONS	N	I/A				17717 LARK	SPUR LN.		
Circumstan	ces Ca	using	the C	Overflow o	r Bypass (cl	neck all th	at apply)		
WPC 733		Rain		☐ Power C	Dutage 🗌 Eqi	uipment Failu	ure 🗵 Other (explain below)		
11/2011		Snow N	/lelt	Broken	Sewer 🔲 Wid	despread Flo	ooding		
failed. What ca	aused the	e power	outag	e, or what pli	ugged the sewe	r. Flooding	ccurred. For example, describe what equipment should only be indicated, as a cause if there is ot just localized high water in the street.		
							TWATER LEAK IN THE PARKWAY. WE FOUND OCKAGE AND DRAIN THE SEWER SYSTEM.		

vvet vveatner	(ii appii	cable)					
Date(s) and D	uration o	f Rainfall:					
Start Date:	Time:	AM PM	End Date:	Time:	AM PM	Amount of Rainfall (inches)	Amount of Snow Melt (inches)
Contributing S	Soil Cond	litions (satu	ırated, frozen	, soil type)	)		
Where Did	the Dis	scharge f	from the O	verflow	or Bypas	ss Go? (check all that a	ipply)
Provide the na If discharge de storm sewer to	oes not e	nter directl	y into surface	nat the wa water, bu	stewater ei it indirectly	nters, which could be a nearby by way of a ditch or storm sew	r stream, river, lake, or wetland. ver, trace the path of the ditch or
X Runs on g	ground an	ıd absorbs	into the soil				
Ditch: Na	me of su	rface wate	r it drains to:				
	wer: Na	ame of sur	face water it d	rains to:	CALUMET	WATER SHED	
Surface v	vater dire	ct discharg	je:				
☐ Basemen	t Back-up	s, (Numb	er & use (i.e.r	esidential	, commerci	al) of buildings affected);	
Other, de	scribe:					•	
Describe wha	at actions so describ bit overflo	were take be what ac bws or byp	n to minimize tions are plan asses, unless	the volum	e of waste	ure Owerflows or Bypas water discharged from the ove imize future overflows or bypa ditions are met. Sanitary sew	
SEWER LINE	E TO SEE	E IF FURTI	EMOVED THE		EEDED.	DRIANED THE MANHOLES.	
Report Cor	•	-				horized Representative	Contact Information
Contact Person					_	act Person: SAME	
PO Box:	s. <u>2020 (</u>	CHESTINO	טאו		Title	A A d d u = = = +	
City:	HOME	EOOD		11	PO E		
Zip Code:	60430		Phone: 708-2		City:	· · · · · · · · · · · · · · · · · · ·	- State:
County:	COOH	-			Zip (	Code:	Phone:
					Cour	nty:	
Any person ( Illinois EPA ( ILCS 5/44(h))	commits	wingly ma a Class 4	kes a false, f felony. A se	ictitious, cond or s	or fraudul subsequen	ent material statement, orall t offense after conviction is	y or in writing, to the a Class 3 felony. (415
Authorized R	epresent	ative Name	e (Print)		Title		
ROBERT LAG	CHAPEL	LE			UTILITYS	UPERVISOR	
Rust	WfL	Michaelen en supplier en suppl				1-4-1	3
Autho	rized Re	presentativ	e Signature			Date	



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Permittee (Mun VILLAGE OF H			ity Nan	ne):	Permit Number: MS4-IL40035						
Date: 01-07-13	Time: 11:00	AM _ 🔀	PM	IEPA Office DES PLAIN	Office Contacted: Name of IEPA Employee Contacte PLAINES ALAN ANDERSON						
Sanitary Sev	wer Ove	erflow	or ₿	ypass Def	tails						
Date and Durat	ion of Ov	erflow (	or Byp:	ass Occurrer	nce (complete a s	separate fom	n for each occurrence):				
Start Date: 01-06-13	Time: 2:30	AM	PM [X]	Duration of	the overflow or b	oypass (hour:	s and minutes):				
Estimated Volu Wastewater Discharged (gallons):	W M	M/TP F GD): N /stem S	low Di lot app SSO.	uring bypass plicable for a	(report in collection	ocation of the	e Overflow or Bypass:				
0 GALLONS	N/	/A			11	8420 HOME\	WOOD				
Circumstan	ces Caı	gnizu	the C	Overflow o	r Bypass (ch	eck all tha	at apply)				
WPC 733 11/2011		Rain Snow M	/lelt		Outage 🗌 Equi Sewer 🔲 Wide	-	re 🗵 Other (explain below)				
failed. What ca	aused the	power	outag	her explain w թ, or what plu	hy the overflow o	or bypass occ . Flooding sh	curred. For example, describe what equipment hould only be indicated, as a cause if there is t just localized high water in the street.				
THE HOMEOW HOMEOWNER						AGE TO REP	ORT BASEMENT BACK-UP. THE				

AAST AASSTIL	r (ii appii	caniej					
Date(s) and โ	Duration o	of Rainfall:					
Start Date:	Time:	AM PM	End Date:	Time:	AM PM	Amount of Rainfall (inches)	Amount of Snow Melt (inches)
Contributing N/A	Soil Cond	ditions (sat	urated, frozen,	, soil type)	l		
Where Dic	I the Dis	scharge	from the O	verflow	or Bypa	ss Go? (check all that a	pply)
Provide the r If discharge of storm sewer	does not e	enter direct	ly into surface	hat the wa water, bu	stewater e t indirectly	nters, which could be a nearby by way of a ditch or storm sew	stream, river, lake, or wetland er, trace the path of the ditch of
Runs on	ground a	nd absorbs	into the soil				
Ditch: N	ame of su	ırface wate	r it drains to:				
Storm Se	ewer: N	ame of sui	face water it d	drains to:			
Surface	water dire	ect dischar	ge:				
■ Baseme	nt Back-u	ps, (Num	ber & use (i.e.	residential	l, commerc	ial) of buildings affected): 1 R	ESIDENTIAL
Other, d	escribe:						
AND CLEA SERVICE L	NED THE	E SEWER.	THE HOMEO	WNER ST	FILL HAD E	Y WERE DOWN AND FLOWI BACK-UP. SHE CALLED A PL	UMBER TO ROD HER SEWE
Report Co	omplete	d By			Au	thorized Representative	Contact Information
Contact Per	son: BOB	LACHAPE	ELLE		Con	itact Person: SAME	
Street Addre					Title	e:	
PO Box:					Stre	eet Address:	
City:		MEOOD		:: <u>IL</u>	-	Box:	
Zip Code:	6043		Phone: 708-	206-2910	City		State: Phone:
County:	COC	OK			-	Code:	Phone.
					000		
Any person Illinois EPA ILCS 5/44(I	4 commit	owingly n	akes a false, 4 felony.  A s	fictitious, econd or	, or fraudu subseque	lent material statement, orai nt offense after conviction is	lly or in writing, to the s a Class 3 felony. (415
Authorized	Represer	ıtative Nan	ne (Print)		Title		
ROBERT	ACHAPE	LLE			UTILITY	SUPERVISOR	
Rott	lelle	Direction and the second				1-7-	-13
Aut	horized R	Representa	tive Signature			Date	



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Permittee (Municipality or Facility Name): VILLAGE OF HOMEWOOD				ne):	Permit Number: MS4-IL40035	Person Representing Permittee Who Contacted IEPA: BOB LACHAPELLE
Date: 01-08-13	Time: 7:45	AM ×	PM	IEPA Office	e Contacted: VES	Name of IEPA Employee Contacted: ALAN ANDERSON
Sanitary S	ewer Ov	erflow	or E	Sypass De	tails	
Date and Dur	ation of Ov	erflow	or Byp	ass Occurre	nce (complete a sep	arate form for each occurrence):
Start Date: 01-07-13	Time: 4:30	AM	PM	Duration of 2 HOURS	the overflow or byp	ass (hours and minutes):
Estimated Volume Wastewater Discharged (gallons):	<b>∨</b> •	WVTP I IGD): I ystem (	Not ap	uring bypass plicable for a	collection	ation of the Overflow or Bypass:
0 GALLONS	<u>N</u>	/A			1760	06 WASHINGTON AVE
Circumsta	nces Ca	using	the (	Overflow o	or Bypass (chec	k all that apply)
WPC 733 11/2011		Rain Snow I	Melt	_		nent Failure 🗵 Other (explain below) pread Flooding
failed. What	caused the	e powe	r outag	ge, or what pl	lugged the sewer. F	bypass occurred. For example, describe what equipment looding should only be indicated, as a cause if there is levels, not just localized high water in the street.
THE REISDE SEWER APE DRAIN THE	PEARED T	O HAV	E A Ti	GTON CALL REE ROOT E	THE VILLAGE TO BLOCKAGE. WE US	REPORT SEWER BACK-UP IN THE BASEMENT. THE ED OUR SEWER JET TO CLEAR THE BLOCKAGE AND

Wet Weather	(if appli	cable)					
Date(s) and D	uration o	of Rainfall:					
Start Date: N/A	Time:	AM PM	End Date:	Time:	AM PM	Amount of Rainfall (inches)	Amount of Snow Melt (inches)
Contributing \$	Soil Cond	ditions (sati	urated, frozen,	soil type)			
Where Did	the Di	scharge	from the Ov	erflow o	or Bypas	ss Go? (check all that a	ipply)
	oes not e	enter direct	ly into surface				stream, river, lake, or wetland. Ver, trace the path of the ditch or
Runs on g	ground a	nd absorbs	into the soil				
Ditch: Na	me of su	rface wate	r it drains to:				
Storm Se	wer: N	ame of sur	face water it d	rains to:			
Surface \	water dire	ect dischar	ge:				
🔀 Basemen	t Back-u	os, (Numl	oer & use (i.e.r	esidential,	commerci	ial) of buildings affected): 1 R	ESIDENTIAL
Other, de	escribe:_		****				
Describe who this form. Alpermits prohimay be the s	at actions so descri bit overfl subject of HE SEW	s were take be what ac ows or byp enforceme ER AND R	en to minimize stions are plani passes, unless ent action.	the volumened to pre- certain sp	e of wastevent or mir ecified cor	ure Owerflows or Bypass water discharged from the ove nimize future overflows or bypass nditions are met. Sanitary sev	erflow or bypass reported on assess. Illinois law and NPDES ver overflows and bypasses
Report Co	mplete	d By			Aut	horized Representative	Contact Information
Contact Pers	on:BOB	LACHAPE	LLE		Con	tact Person: SAME	
Street Addres	ss: 2020	CHESTNU	JT RD		 Title	<del></del>	
PO Box:					Stre	et Address:	
City:	HOM	EOOD	State:			Box:	<b>_</b>
Zip Code:	6043		Phone: 708-2	06-2910	City:		State:
County:	<u>coo</u>	К		•	∠ıp ( Cou	Code: nty:	Phone:
	commit					lent material statement, oral nt offense after conviction is	
Authorized R	epresen	tative Nam	e (Print)		Title		
ROBERT LA	CHAPE	LE			UTILITY	SUPERVISOR	
Rott	afl	2				1-9-	13
Auth	orized R	epresentat	ve Signature			Date	



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Permittee (Mu VILLAGE OF I			ity Naı	ne):	Permit Number: MS4-IL40035	Person Representing Permittee Who Contacted IEPA: BOB LACHAPELLE					
Date: 01-31-13	Time: 8:50	AM ×	PM		IEPA Office Contacted: DES PLAINES  Name of IEPA Employee Contacted: ALAN ANDERSON						
Sanitary Se	wer Ove	erflov	or E	ypass De	tails						
Date and Dura	tion of Ov	erflow	or Byp	ass Occurrei	nce (complete a sep	arate form for each occurrence):					
Start Date: 01-30-13	Time: 2:45	AM	PM  X	Duration of 1 HOURS	the overflow or bypa	ass (hours and minutes):					
Estimated Vol Wastewater Discharged (gallons):	ume of V\ M	MTP ( IGD): I	Flow D	uring bypass plicable for a	collection	tion of the Overflow or Bypass:					
0 GALLONS	N	/A			1346	BIRCH RD					
Circumstan	ices Cai	using	the (	Overflow o	or Bypass (chec	k all that apply)					
VVPC 733	X	Rain		☐ Power ©	Outage 🗌 Equipm	ent Failure 🗵 Other (explain below)					
11/2011		Snow i	<b>V</b> lelt	☐ Broken	Sewer	read Flooding					
failed. What o	aused the	powe	outag	je, or what pl	ugged the sewer. F	ypass occurred. For example, describe what equipment looding should only be indicated, as a cause if there is evels, not just localized high water in the street.					
THE HOMEON SERVICE LIN				I RD CALLEI	THE VILLAGE TO	REPORT BACK-UP. THE HOMEOWNER'S SEWER					

Wet Weather	(if applicable)					
Date(s) and D	uration of Rainfall:					
Start Date: 01-29-13	Time: AM PM 6:00	End Date: 01-30-13	Time: 11:00	AM PM	Amount of Rainfall (inches)	Amount of Snow Melt (inches)
Contributing S	Soil Conditions (sa	turated, frozen	, soil type)			
Where Did	the Discharge	from the O	verflow	or Bypas	ss Go? (check all that a	pply)
If discharge d storm sewer t	ame of the local re oes not enter direct o find the receiving ground and absorb me of surface wat	tly into surface y water. s into the soil	hat the wa water, bu	stewater er t indirectly l	nters, which could be a nearby by way of a ditch or storm sew	stream, river, lake, or wetland. er, trace the path of the ditch or
		er it drains to: irface water it d	draine to:			
Storm Sev	wer Name of su vater direct discha		ii anis to.	<del></del>		
		·	rocidontial	commerci	al) of buildings affected): 1 RI	CODENTIAL
		inei & use (i.e.	residential	, commerci	ary or buildings affected).	SOIDENTIAL
may be the s	ubject of enforcem	ient action. CLEANED TH	E SEWER		nditions are met. Sanitary sew	ssess. Illinois law and NPDES er overflows and bypasses UP. SHE CALLED A
Report Co	mpleted By			Aut	horized Representative	Contact Information
Contact Pers	on: BOB LACHAPI	ELLE		Con	tact Person: SAME	
	ss: 2020 CHESTN			 Title		_
PO Box:				Stre	et Address:	
City:	HOMEOOD		: IL	•	Box:	<del></del>
Zip Code:	60430	Phone: 708-	206-2910	City:		State:
County:	COOK			Zip i Cou	Code: nty:	Phone:
	commits a Class				ent material statement, orali nt offense after conviction is	
Authorized R	epresentative Nar	ne (Print)		Title		
ROBERT LA	CHAPELLE			UTILITY	SUPERVISOR	
Mut	All				1-31-	-13

Date

Authorized Representative Signature



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Date: 01-30-13	Time: 12:45	AM	PM ×		EPA Office Contacted: DES PLAINES			me of IEPA Employee Contacted: AN ANDERSON	
Sanitary Se		erflow	or B	ypass De	talls				
Date and Dural	ion of O	verflow	or Byp	ass Occurre	nce (complete a	separate foi	m fo	or each occurrence):	
Start Date: 01-30-13	Time: 10:20	AM ⊠	PM	Duration of 1 HOURS	f the overflow or	bypass (hou	ırs ar	nd minutes):	
Estimated Volu Wastewater Discharged (gallons):	\   !	system S	Flow D Not ap SSO.	uring bypass plicable for a	s (report in a collection			overflow or Bypass:	
0 GALLONS		V/A				18446 WES	TERM	N AVE	
Circumstan	ces Ca	ausing	the (	Overflow o	or Bypass (c	heck all th	nat a	apply)	
WPC 733	X	Rain		Power	Outage 🔲 Ec	uipment Fail	ure	X Other (explain below)	
11/2011		Snow N	vielt	Broken	Sewer 🔲 W	idespread Flo	oodin	ıg	
failed. What c	aused th	e power	r outag	je, or what p	lugged the sew	er. Flooding	shou	red. For example, describe what equipment all only be indicated, as a cause if there is st localized high water in the street.	
-	WNER A	T 18446	WES	TERN AVE				PORT BACK-UP. THE HOMEOWNER'S	

Wet Weather	(if applicable)					
Date(s) and D	uration of Rainfal	l:				
Start Date: 01-29-13	Time: AM PN 6:00		Time: 11:00	AM PM	Amount of Rainfall (inches)	Amount of Snow Melt (inches)
SATURATED	1 100025010477					
Where Did	the Discharg	e from the O	verflow o	or Bypas	ss Go? (check all that	apply)
lf discharge d storm sewer t	oes not enter dire o find the receivir	ectly into surface ng water.	nat the was water, but	stewater er indirectly	nters, which could be a neart by way of a ditch or storm se	by stream, river, lake, or wetland. wer, trace the path of the ditch or
Runs on g	round and absor	bs into the soil				
Ditch: Na	me of surface wa	ter it drains to:				
Storm Sev	wer: Name of s	urface water it c	Irains to:			
Surface v	water direct disch	arge:				
X Basemen	t Back-ups, (Nu	mber & use (i.e.	residential,	commerc	ial) of buildings affected): 1	RESIDENTIAL
Other, de						
WE SHOT T	subject of enforce	CLEANED TH				passess. Illinois law and NPDES ewer overflows and bypasses K-UP. HE CALLED A PLUMBER
Report Co	mpleted By			Au	thorized Representativ	e Contact Information
Contact Pers	on: BOB LACHA	PFILE		Con	tact Person: SAME	
	ss: 2020 CHEST			Title	25.7	
PO Box:				Stre	et Address:	
City:	HOMEOOD	State	: <u>IL</u>	PO	Box:	
Zip Code:	60430	Phone: 708-	206-2910	City		State:
County:	COOK			00-00-00	Code:	Phone:
				Col	inty:	
Any person Illinois EPA ILCS 5/44(h)	commits a Clas	makes a false, s 4 felony. A s	fictitious, econd or s	or fraudu subseque	lent material statement, on nt offense after conviction	ally or in writing, to the is a Class 3 felony. (415
Authorized f	Representative N	ame (Print)		Title		
ROBERT LA	ACHAPELLE			UTILITY	SUPERVISOR	
Rott	with				1-31	-13



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Permittee (Mun VILLAGE OF H			ity Nar	ne):	Permit Number MS4-IL40035		on Representing Permittee Who Contacted IEPA: LACHAPELLE		
Date: 01-30-13	Time: 12:45	AM	PM ×	IEPA Office	e Contacted: NES	Name of IEPA Employee Contacted: ALAN ANDERSON			
Sanitary Se	wer Ove	rflow	or E	ypass De	talls				
Date and Dural	ion of Ove	wolfre	or Byp	ass Occurre	nce (complete a	separate fo	rm for each occurrence):		
Start Date: 01-30-13	Time: 9:00	AM	PM	Duration of 1 HOURS	the overflow or	bypass (hou	urs and minutes):		
Estimated Volume of Wastewater WWTP Flow During bypass (report in Discharged (gallons): Not applicable for a collection system SSO.  WOTP Flow During bypass (report in MGD): Not applicable for a collection system SSO.  Location of the Overflow or Bypass:									
0 GALLONS	N	Ά				1442 OLIVE	RD		
Circumstan	ces Cau	ısing	the (	Overflow o	or Bypass (c	heck all ti	hat apply)		
WPC 733	X	Rain		Power	Outage 🗌 Eq	ıuipment Fai	lure 🗵 Other (explain below)		
11/2011		Snow I	Melt	Broken	Sewer 🗌 W	idespread Fl	looding		
failed. What c	aused the	powe	r outag	je, or what p	lugged the sew	er. Flooding	occurred. For example, describe what equipment should only be indicated, as a cause if there is not just localized high water in the street.		
-	NNER AT	1442	OLIVE				RT BACK-UP. THE HOMEOWNER'S SEWER		

Net Weathe	r (if applic	able)						
Date(s) and [	Duration o	Rainfall:						
Start Date:	Time:	AM PM	End Date:	Time:	AM PM	Amount of Rai	infall (inches)	Amount of Snow Melt (inches)
01-29-13	6;00		01-30-13	11:00		1.50		(anones)
Contributing SATURATE		itions (satu	ırated, frozen	, soil type)				
Where Dic	the Dis	charge	from the O	verflow	or Bypa	ss Go? (che	ck all that a	pply)
Provide the r If discharge o storm sewer	does not e	nter direct	ly into surface	hat the wa water, bu	stewater e t indirectly	nters, which cou by way of a ditcl	id be a nearby h or storm sew	stream, river, lake, or wetland. er, trace the path of the ditch or
Runs on	ground ar	d absorbs	into the soil					
Ditch: N	ame of su	rface wate	r it drains to:					
Stom Se	ewer: N	ame of sur	face water it o	drains to:				
		ct dischar						
■ Baseme	nt Back-up	s, (Numl	oer & use (i.e.	residentia	l, commerc	ial) of buildings	affected): <u>1 R</u>	ESIDENTIAL
Other, d	lescribe:							
			ER SERVICE					-UP. SHE CALLED A
Report C	omplete	d By			Au	thorized Rep	oresentative	Contact Information
Contact Per	rson: BOB	LACHAPE	ELLE		Coi	ntact Person: <u>SA</u>	ME	
Street Addr	ess: 2020	CHESTN	UT RD		Titl	e:		
PO Box:								
City:		IEOOD		e: <u>IL</u>	_	Box:		Chata.
Zip Code:	6043		Phone: 708	-206-2910				State: Phone:
County:	coc	)K			^	Code: unty:		Pilone.
					00			
Any perso Illinois EP ILCS 5/44(	A commit	owingly n s a Class	nakes a false, 4 felony. A s	, fictitious second or	s, or fraudi subseque	ulent material s ent offense afte	tatement, ora r conviction l	lly or in writing, to the s a Class 3 felony. (415
Authorized	l Represer	itative Nar	ne (Print)		Title			
ROBERT	LACHAPE	LLE			UTILITY	SUPERVISOR		
Ruit	ufh						1-3	1-13



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Permittee (Mu VILLAGE OF			ity Nai	ne):			Representing Permittee Who Contacted IEPA:			
Date: 01-30-13	Time:	AM	PM [X]	IEPA Offic DES PLAI	e Contacted: NES		ame of IEPA Employee Contacted: LAN ANDERSON			
Sanitary S		 erflow		Sypass De	etails					
						eparate form	for each occurrence):			
Start Date:	Time:	AM	PM		of the overflow or by	/pass (hours :	and minutes):			
01-30-13	7:30	_ X		1 HOURS						
Estimated Vo Wastewater Discharged (gallons):	V\ N	MVTP ( IGD): ystem (	Flow E Not ap SSO.	ouring bypas plicable for	Lo		Overflow or Bypass:			
0 GALLONS	N	/A			17	615 LINCOLI	V			
Circumsta	nces Ca	using	the	Overflow	or Bypass (che	ck all that	apply)			
WPC 733	X	Rain		☐ Power	Power Outage 🔲 Equipment Failure 🗵 Other (explain below)					
11/2011		Snow	Melt	☐ Brokei	☐ Broken Sewer ☐ Widespread Flooding					
failed. What	caused the	e powe	r outag	ge, or what p	lugged the sewer.	Flooding sho	urred. For example, describe what equipment buld only be indicated, as a cause if there is ust localized high water in the street.			
THE HOMEO				OLN AVEC	ALLED THE VILLA	AGE TO REP	ORT BACK-UP. THE HOMEOWNER'S SEWER			

Wet Weather (if applicable)							
Date(s) and Duration of Rainfall:							
Start Date: Time: AM PM End Date: 1	ime: AM PM	Amount of Rainfall (inches)	Amount of Snow Melt (inches)				
	1:00	1.50	(mones)				
Contributing Soil Conditions (saturated, frozen, so SATURATED SOIL	il type)						
Where Did the Discharge from the Ove	rflow or Bypa	ss Go? (check all that a	pply)				
Provide the name of the local receiving water that If discharge does not enter directly into surface wastorm sewer to find the receiving water.	the wastewater e tter, but indirectly	enters, which could be a nearby by way of a ditch or storm sew	stream, river, lake, or wetland. ver, trace the path of the ditch or				
Runs on ground and absorbs into the soil							
Ditch: Name of surface water it drains to:							
Storm Sewer: Name of surface water it drain	ns to:						
Surface water direct discharge:							
🗵 Basement Back-ups, (Number & use (i.e.res	idential, commerc	cial) of buildings affected): 1 RI	ESIDENTIAL				
Other, describe:							
	of Burning Eng	toma Constantianos an Dumas					
Actions to Correct This Occurrence an							
Describe what actions were taken to minimize the this form. Also describe what actions are planne permits prohibit overflows or bypasses, unless comay be the subject of enforcement action.	e volume of waste d to prevent or m ertain specified co	ewater discharged from the over inimize future overflows or bypa anditions are met. Sanitary sew	mow or bypass reported on assess. Illinois law and NPDES er overflows and bypasses				
WE SHOT THE SEWER AND CLEANED THE SPLUMBER TO ROD HER SEWER SERVICE LIN		MEOWNER STILL HAD BACK	-UP. SHE CALLED A				
Report Completed By	Au	thorized Representative	Contact Information				
Contact Person: BOB LACHAPELLE	Coi	ntact Person: SAME					
Street Address: 2020 CHESTNUT RD	Titl	e:					
PO Box:		eet Address:					
City: HOMEOOD State:		Box:	<del></del>				
Zip Code: 60430 Phone: 708-206			State:				
County: COOK	·	Code: unty:	Phone:				
	ÇÜ						
Any person who knowingly makes a false, fic Illinois EPA commits a Class 4 felony. A seco ILCS 5/44(h))	ยีย์ous, or fraude ond or subseque	ilent material statement, orali ent offense after conviction is	ly or in writing, to the a Class 3 felony. (415				
Authorized Representative Name (Print)	Title						
ROBERT LACHAPELLE	UTILITY	UTILITY SUPERVISOR					
Rutall		1-31-1	13				
Authorized Representative Signature		Date					



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DES PLAIR  Sanitary Sewer Overflow or Bypass De  Date and Duration of Overflow or Bypass Occurre  Start Date: Time: AM PM Duration or O2-02-13 1:30 X 1 HOURS  Estimated Volume of Wastewater Discharged (gallons): WTP Flow During bypass (gallons): System SSO.  O GALLONS N/A  Circumstances Causing the Overflow of Canada (Magnature)  O DES PLAIR  DES PLAIR  DES PLAIR  DES PLAIR  DES PLAIR  NA PM Duration or O2-02-13 1:30 X 1 HOURS  Estimated Volume of WWTP Flow During bypass MGD): Not applicable for a system SSO.			Permit Number: Person Representing Permittee Who Contacted BOB LACHAPELLE					
		AM 			EPA Office Contacted: DES PLAINES		Name of IEPA Employee Contacted: ALAN ANDERSON	
Sanitary Sev	ver Ove	erflow	or B	ypass Det	alls			
Date and Durati	on of Ov	erflow (	or Bypa	ass Occurren	ice (complete a	a separate fo	rm for each occurrence):	
		AM			the overflow or	r bypass (hou	urs and minutes):	
Wastewater Discharged	V.	IGD): N	lot app		collection		the Overflow or Bypass:	
0 GALLONS	N.	/A		-		18842 CAST	TLE RD	
Circumstand	ces Cau	using	the C	verflow o	r Bypass (c	heck all th	nat apply)	
MPC 733	<u></u>	Rain		☐ Power 0	Outage 🔲 Ec	quipment Fail	lure 🗵 Other (explain below)	
11/2011		Snow N	/lelt	☐ Broken	Sewer 🔲 W	idespread Fl	ooding	
failed. What ca	used the	power	outag	e, or what pli	ugged the sew	er. Flooding	occurred. For example, describe what equipment should only be indicated, as a cause if there is ot just localized high water in the street.	
THE HOMEON SERVICE LINE				LE RD CALI	ED THE VILL	AGE TO RE	PORT BACK-UP. THE HOMEOWNER'S SEWER	

Wet Weathe	r (if appli	icable)								
Date(s) and	Duration (	of Rainfall:								
Start Date:	Time:	AM PM	End Date:	Time:	AM PM	Amount of Rainfall (inches)	Amount of Snow Melt (inches)			
Contributing	Soil Con	ditions (satu	urated, frozen	, soil type)	ľ					
Where Did	the Di	scharge 1	from the O	verflow	or Bypas	ss Go? (check all that a	ipply)			
Provide the I If discharge storm sewer	does not	enter directi	ly into surface	hat the wa water, bu	stewater e	nters, which could be a nearby by way of a ditch or storm sev	v stream, river, lake, or wetland. ver, trace the path of the ditch o			
Runs on	ground a	nd absorbs	into the soil							
Ditch: N	ame of su	ırface wate	r it drains to:							
Storm Se	ewer: N	lame of sur	face water it o	lrains to:						
Surface	water dir	ect discharg	ge:							
☐ Baseme	nt Back-u	ps, (Numb	oer & use (i.e.	residentia	l, commerc	al) of buildings affected): 1 R	ESIDENTIAL			
	lescribe:	• , ,	`							
THE HOMI REMOVED VOICE MAI	SUBJECT O EOWNER ROOTS IL ON SA UM GON	t enforcement HAD BAC FORM THE TURDAY 2	ent action. K-UP. HE CA E SEWER SEI /2/13 AND WI	LLED A P RVICE LIN E CHECKI	LUMBER T IE AND CL ED OUR SI	O ROD HIS SEWER SERVICE EARED THE BLOCKAGE. THE WER ON MONDAY 2/4/13.	IE HOMEOWER LEFT A WG MEET WITH			
Report Co	omplete					horized Representative	Contact Information			
Contact Per	son: BOB	LACHAPE	LLE		Con	tact Person: SAME				
Street Addre					Title					
PO Box:					 Stre	et Address:				
City:	HON	MEOOD		: <u>IL</u>	-	Box:	_			
Zip Code:	6043		Phone: <u>708-</u> 2	206-2910	=		State:			
County:	coc	)K			_	Code:	Phone:			
					Cou	my.				
Any person Illinois EP/ ILCS 5/44(I	4 commi	owingly m	akes a false, 4 felony.  A s	fictitious, econd or	, or fraudu subseque	lent material statement, oral nt offense after conviction k	ly or in writing, to the s a Class 3 felony. (415			
Authorized	Represei	ntative Nam	ne (Print)		Title					
ROBERT L	ACHAPE	LLE			UTILITY	UTILITY SUPERVISOR				
Ruf	Sw. A.	·				2-4	-/3			



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Permittee (Mur VILLAGE OF F			ty Nai	ne):	Permit Numb MS4-IL40035	Person Representing Permittee Who Contacted IEPA: BOB LACHAPELLE	
Date: 02-07-13	Time: 9:30	AM ×	PM	IEPA Office	Contacted:		Name of IEPA Employee Contacted: ALAN ANDERSON
Sanitary Se	wer Ove	rflow	or E	ypass Det	ails		
Date and Dura	tion of Ov	erflow	or Byp	ass Occurrer	nce (complete	a separat	e form for each occurrence):
Start Date: Time: AM PM Duration of the overflow or bypass (hours and minutes): 02-06-13 2:45 🔲 🕱 1 HOURS							
Estimated Volu Wastewater Discharged (gallons): 10 GALLONS	W M s)	MVTP I GD): I /stem \$	√ot ap	uring bypass plicable for a	(report in collection	Location	of the Overflow or Bypass: .IVE RD
Circumstan	ces Cai	using	the (	Overflow o	r Bypass (d	check a	li that apply)
WP⊂ 733 11/2011		Rain Snow M		☐ Power (☐ Broken	Outage 🗌 E	quipment	Failure
failed. What c	aused the	power	outaç	je, or what pl	ugged the sev	er. Floor	iss occurred. For example, describe what equipment ding should only be indicated, as a cause if there is is, not just localized high water in the street.
THE HOMEON SERVICE LIN						SE TO RE	PORT BACK-UP, THE HOMEOWNER'S SEWER

Wet Weather		•								
Date(s) and I	Ouration (	of Rainfall:								
Start Date:	Time:	AM PM	End Date:	Time:	AM PM	Amount of Rainfall (inches)	Amount of Snow Melt (inches)			
Contributing	Soil Con	ditions (sati	urated, frozen,	soil type)						
Where Dld	the Di	scharge	from the O	verflow	or Bypa	ss Go? (check all that a	pply)			
	does not to find th	enter direct e receiving	ly into surface water.				stream, river, lake, or wetland. er, trace the path of the ditch or			
_	•		r it drains to:							
				raine to:						
		ect dischar		i allis to,			<u> </u>			
		Ì	- -	opidantial	aammara	ial) of buildings affected): 1 RI	CONTAINA			
<del></del>		•			, commetc	ial) of buildings affected). 1 Ri	ESIDENTIAL			
⊠ Other, de	eschbe:	SEVVER CL	EAN OUT IN	TAND						
Antiono to	Carra	at Thia (1	aaurranaa .	and Dra	vant Eut	ura Owarflawe ar Bynas	2000			
						ure Owerflows or Bypas				
this form. All permits prohimay be the	lso descr iibit overf	ibe what ac llows or byp	ctions are plan passes, unless	the volum ned to pre certain sp	vent or min pecified cor	water discharged from the ove nimize future overflows or bypa nditions are met. Sanitary sew	nlow or bypass reported on issess. Illinois law and NPDES er overflows and bypasses			
	ROOTS	FORM THE				O ROD HIS SEWER SERVICI EARED THE BLOCKAGE. TH				
Report Co	mplete	ed By			Aut	thorized Representative	Contact Information			
•	•	•								
Contact Pers						tact Person: SAME				
Street Addre	2020	CHESTING	טאונ		Title	et Address:				
City:	HON	MEOOD	 State:	· II		Box:				
Zip Code:	6043		Phone: 708-2		City		State:			
County:	COC		11010. 100 1		•-	Code:	Phone:			
	-				Cou					
	commit					lent material statement, orali nt offense after conviction is				
Authorized F	Represer	itative Nam	e (Print)		Title					
ROBERTLA	ACHAPE	ĻLЕ			UTILITY SUPERVISOR					
Number 1	bull	h			· · · · ·	2-7-	13			
Auth	norized R	epresentat	ive Signature			Date				



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Permittee (Mun VILLAGE OF H			ty Nan	ne):			Person Representing Permittee Who Contacted IEPA BOB LACHAPELLE		
Date: 02-08-13	Time: 1:09	AM	PM  X	IEPA Office DES PLAIN	Contacted: ES		ame of IEPA Employee Contacted: LAN ANDERSON		
Sanitary Sev	wer Ove	rflow	or B	ypass Det	ails				
Date and Durat	ion of Ove	erflow	or Bypa	ass Occurren	ce (complete a s	separate form t	for each occurrence):		
Start Date: Time: AM PM Duration of the overflow or bypass (hours and minutes):    10:30       1 HOURS									
Estimated Volu Wastewater Discharged (gallons):	M	WTP F 3D): N stem S	lot app	uring bypass blicable for a	collection	ocation of the	Overflow or Bypass:		
5 GALLONS	N/A	Α			18	8360 CENTER	AVE		
Circumstan	ces Cau	sing	the C	verflow o	r Bypass (ch	eck all that	apply)		
WPC 733	□R	ain		☐ Power C	Outage 🗌 Equi	ipment Failure	✓ Other (explain below)		
11/2011	□s	now N	lelt	☐ Broken	Sewer   Wide	espread Flood	ing		
failed. What ca	used the	power	outage	e, or what plu	igged the sewer.	. Flooding sho	rred. For example, describe what equipment uld only be indicated, as a cause if there is ust localized high water in the street.		
THE HOMEOW SEWER SERV					LLED THE VILL	AGE TO REP	ORT BACK-UP. THE HOMEOWNER'S		

Wet V aathe Date(s) and I	•	·								
Start Date:	Time:	AM PM	End Date:	Time:	AM PM	Amount of Rainfall (inches)	Amount of Snow Melt (inches)			
Contributing	Soil Cond	ditions (satı	urated, frozen	, soil type)						
Where Dic	I the Di	scharge	from the O	verflow	or Bypas	ss Go? (check all that a	pply)			
Provide the r if discharge of storm sewer	does not e	enter direct	ly into surface	hat the wa water, bu	stewater e t indirectly	nters, which could be a nearby by way of a ditch or storm sew	stream, river, lake, or wetland er, trace the path of the ditch o			
Runs on	ground a	nd absorbs	into the soil							
Ditch: N	ame of su	ırface wate	r it drains to:							
Storm Se	wer: N	ame of sur	face water it o	drains to:						
Surface	water dire	ect dischar	ge:							
☐ Basemei	nt Back-u	ps, (Numb	per & use (i.e.	residential	, commerc	al) of buildings affected): 1 RI	SIDENTIAL			
SHE CALLE	ED A PLU	MBER TO	ROD HER SE	EWER SEF	RVICE LIN	D FLOWING. THE HOMEOW				
•	-	_				· .				
Contact Per										
Street Addre	ess: <u>2020</u>	CHESINU	טאונ	<u></u>	Title	et Address:				
City:	HOM	IEOOD	 State	· 1L		Box:				
Zip Code:	6043		Phone: 708-		City		State:			
County:	COC		,		Zip	Code:	Phone:			
Any persor Illinois EPA ILCS 5/44(f	\ commit	owingly m s a Class 4	akes a false, 4 felony. A s	fictitious, econd or	or fraudu subsequei	lent material statement, orali nt offense after conviction is	ly or in writing, to the a Class 3 felony. (415			
Authorized	Represer	itative Nam	ie (Print)		Title					
ROBERT, L	•		•		UTILITY	UTILITY SUPERVISOR				
RWAL	1/h					2-8-1	13			



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Permittee (Mu VILLAGE OF I	150		ity Nan	ne):	Permit Number: MS4-IL40035		Representing Permittee Who Contacted IEPA:		
Date: 02-11-13	Time: 10:20	AM ×	PM		EPA Office Contacted: DES PLAINES		nme of IEPA Employee Contacted: an Anderson		
Sanitary Se	wer Ove	erflow	or B	ypass De	tails				
Date and Dura	tion of Ov	erflow	or Byp	ass Occurrer	nce (complete a sep	arate form fo	or each occurrence):		
Start Date: 02-10-13	Time: 3:20	AM _	PM ×	Duration of	the overflow or byp	ass (hours a	nd minutes):		
Estimated Vol Wastewater Discharged (gallons):	V\ M		Vot ap	uring bypass olicable for a	collection	ation of the C	Overflow or Bypass:		
	N.	/A			18018GOTTSCHALK AVE				
Circumstar	ices Cai	using	the C	Overflow o	or Bypass (chec	k all that	apply)		
WPC 733	×Ι	Rain		Power	Outage 🗌 Equipm	nent Failure	✓ Other (explain below)		
11/2011		Snow I	/lelt	Broken	Sewer	pread Floodi	ng		
failed. What o	caused the	power	outag	e, or what pl	ugged the sewer. I	looding shou	rred. For example, describe what equipment uld only be indicated, as a cause if there is st localized high water in the street.		
					VE REPORTED BA		FOUND THE SEWER CLEAR. THE E.		

Wet Weathe	r (if appl	icable)								
Date(s) and	Duration (	of Rainfali:								
Start Date:	Time:	AM PM	End Date:	Time:	AM PM	Amount of Rainfall (inches)	Amount of Snow Melt			
02-10-13	4:35	X D	02-10-13	6:15		0.18	(inches)			
						<del></del>				
SATURATE	DSOIL		ırated, frozen							
Where Did	d the Di	scharge	from the O	verflow	or Bypas	ss Go? (check all that	apply)			
lf discharge storm sewer	does not to find th	enter direct e receiving	ly into surface	hat the wa water, bu	stewater e t indirectly	nters, which could be a nearb by way of a ditch or storm se	y stream, river, lake, or wetland. wer, trace the path of the ditch o			
☐ Ditch: N	~									
Storm S			face water it o	drains to:						
		ect dischar								
$\Box$		•		residential	commerc	ial) of buildings affected):				
			THE SHOW							
Z Carci, c										
FURTHER						thorized Representativ	e Contact Information			
Report Co	ompiete	за Бу			Au	monzea Representativ	C COMMON MICHIGAN			
Contact Per					Con	tact Person: SAME				
Street Addre	ess: 2020	CHESTN	JT RD	<u></u>	Title					
PO Box:						et Address:	A STATE OF THE STA			
City:		MEOOD	<del></del>	: <u>IL</u>		Box:	 State:			
Zip Code:	6043		Phone: <u>708-</u>	206-2910	City	: Code:	Phone:			
County:	COC	JK				inty:				
					000					
Any person Illinois EPA ILCS 5/44(I	4 commi	owingly m ts a Class	akes a false, 4 felony.  A s	fictitious, econd or	or fraudu subseque	lent material statement, ora nt offense after conviction i	nlly or in writing, to the is a Class 3 felony. (415			
Authorized	Represe	ntative Nam	ne (Print)		Title					
ROBERT L	ACHAPE	LLE			UTILITY SUPERVISOR					
1) 11-1	Do				· · · · · · · · · · · · · · · · · · ·		-17			
WALL of	LV					2-16	7/5			



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## Sanitary Sewer Overflow or Bypass Notification Summary Report

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Permittee (Mun Village of home	AND THE RESIDENCE OF THE PARTY	ility Nar	ne):	Permit Number: ms4-il40035	:				
Date: 02-11-13	Time: AM	PM ×	IEPA Office Des Plaine	e Contacted: s		Name of IEPA Employee Contacted: ALAN ANDERSON			
Sanitary Sev	wer Overflo	w or E	ypass De	tails					
Date and Durat	ion of Overflov	or Byp	ass Occurre	nce (complete a s	eparate form	for each occurrence):			
Start Date: 02/11/13									
Estimated Volu Wastewater Discharged (gallons):	WWTP	Not ap	uring bypass plicable for a	collection	ocation of the	e Overflow or Bypass:			
Circumstan	ces Causin	g the (	Overflow o	or Bypass (ch	eck all tha	t apply)			
WPC 733	☐ Rain	-*				e 🗵 Other (explain below)			
WPC 733 11/2011	Snow	Melt	☐ Broken	Sewer   Wid	espread Floo	ding			
failed. What ca	aused the pow	er outac	e, or what p	lugged the sewer	<ul> <li>Flooding sh</li> </ul>	curred. For example, describe what equipment nould only be indicated, as a cause if there is just localized high water in the street.			
The homeowne	ers sewer serv	ice was	blocked.						

Date(s) and Dura	ation of Rainfall:					Amount of Snow Melt
Start Date: Ti n/a	me: AM PM	End Date:	Time:	AM PM . $\square$	Amount of Rainfall (inches)	(inches)
n/a		turated, frozen, s				
Where Did th	e Discharge	from the Ove	erflow o	or Bypas	ss Go? (check all that a	pply)
Provide the nam If discharge does storm sewer to fi	s not enter direc	tly into surface w	it the was vater, but	itewater ei indirectly	nters, which could be a nearby by way of a ditch or storm sew	stream, river, lake, or wetland, er, trace the path of the ditch o
Runs on gro	und and absorb	s into the soil				
Ditch: Name	e of surface wate	er it drains to: _				
☐ Storm Sewe	r: Name of su	rface water it dra	ains to:			
Surface wat	er direct discha	rge:				
■ Basement B	ack-ups, (Num	ber & use (i.e.re	sidential,	commerci	al) of buildings affected): 1 RE	ESIDENTAL
Other, desc	ribe:					
may be the sub Resident at 183 ran our sewer j	348 Pierce Ave I	nad sewer back -	up in the still had h	nis back-u		mber to have his sewer roddec
Report Com	pleted By			Aut	horized Representative	Contact Information
Contact Person	: Harry Hammod	k		_ Con	tact Person: Same	
Street Address:	2020 Chestnut	rd		Title		
PO Box:					et Address:	
City:	Homewood	State:		City	Box:	 State:
Zip Code: County:	60430 Cook	Phone: 708-20	10-2910	=	· Code:	Phone:
Obunty.	OUN			-	nty:	
Illinois EPA co ILCS 5/44(h))	ho knowingly n ommits a Class presentative Nar	4 felony. A sec	ctitious, cond or s	or fraudu subseque Title	lent material statement, orali nt offense after conviction is	ly or in writing, to the a Class 3 felony. (415
Harry Hammoo	k		<u>.</u>	Utility Te	oh	
Danst	mus	, ly			2-11.	/3
Author	ized Representa	tive Signature			Date	



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## Sanitary Sewer Overflow or Bypass Notification Summary Report

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Permittee (Municipality or Facility Name): VILLAGE OF HOMEWOOD					Permit Number MS4-IL40035		Person Representing Permittee Who Contacted IEPA: BOB LACHAPELLE		
Date: 02-11-13	Time: 10:20	AM ×	PM		EPA Office Contacted: Name of IEPA Employee Contacted: DES PLAINES Alan Anderson				
Sanitary Sev	ver Ove	rflow	or B	ypass Def	tails				
Date and Durat	ion of Ov	erflow	or Bypa	ass Occurrer	nce (complete a	separate fo	om fo	r each occurrence):	
Start Date: 02-10-13	Time: 9:00	AM ×	PM	Duration of 2 HOURS	the overflow or	bypass (ho	urs an	nd minutes):	
Estimated Volu Wastewater Discharged (gallons):	V. M	W/TP F GD): N /stem S	√ot ap	uring bypass dicable for a	collection	Location of	the O	verflow or Bypass:	
50 GALLONS	N	/A				18752 ROY	AL R	0	
Circumstan	ces Cai	using	the C	Overflow o	r Bypass (cl	heck all ti	hat a	ipply)	
WPC 733	X	Rain		☐ Power (	Outage 🔲 Eq	uipment Fai	lure	✓ Other (explain below)	
11/2011		Snow N	/lelt	Broken	Sewer 🗌 Wi	despread Fl	loodin	ıg	
failed. What ca	aused the	power	outag	e, or what pl	ugged the sewe	er. Flooding	ı shou	red. For example, describe what equipment all only be indicated, as a cause if there is st localized high water in the street.	
					/ATER LEAK IN KAGE AND DR			Y. WE FOUND THE SEWER BLOCKED. WE R SYSTEM.	

Net Weather	(if applicable)					
Date(s) and D	uration of Rainf	all:				
Start Date:	Time: AM F	M End Date:	Time:	AM PM	Amount of Rainfall (inches)	Amount of Snow Melt (inches)
02-10-13	4:35 X	181	6:15		0.18	(mones)
Contributing S	Soil Conditions (	saturated, froze	n, soil type)	)		
		ge from the (	Overflow	or Bypas	ss Go? (check all that a	pply)
Provide the n If discharge d	ame of the local	receiving water rectly into surfac	that the wa	ıstewater ei	nters, which could be a nearby	stream, river, lake, or wetland. er, trace the path of the ditch of
	ground and abso	_				
Ditch: Na	- ime of surface w	ater it drains to	:			
Storm Se	wer: Name of	surface water it	drains to:			
	water direct disc					
Basemen	t Back-ups, (N	umber & use (i.	e.residentia	l, commerc	ial) of buildings affected):	
Other, de	escribe:					
	E TO SEE IF FU	JRTHER REPA	IKS AKE N		thorized Representative	Contact Information
Report Co	mpleted By			Au	monzed Representative	Contact information
	on: BOB LACH	<del></del>				
	ss: 2020 CHES	TNUT RD		Title		
PO Box:			s 11		et Address: Box:	
City:	HOMEOOD	Sta Phone: 708	te: <u> L</u>	-		State:
Zip Code: County:	60430 COOK	_ Priorie. 700	3-200-2910		Code:	Phone:
County.	OOOK			_ '	inty:	
Any person Illinois EPA ILCS 5/44(h	commits a Cla	y makes a false ss 4 felony.  A	e, fictitious second or	, or fraudu subseque	lent material statement, oral nt offense after conviction is	ly or in writing, to the a Class 3 felony. (415
Authorized I	Representative I	Name (Print)		Title		
	ACHAPELLE	•		UTILITY	SUPERVISOR	
Total A	-W/I				2-,	11-13



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Date: 02-11-13	Time: 10:20	AM ×	PM	IEPA Office DES PLAIN	Contacted:		ame of IEPA Employee Contacted: lan Anderson		
Sanitary Ser	wer Ov	erflow	or B	ypass Def	talls				
Date and Durat	ion of 🛇	verflow	or Byp	ass Occurrer	nce (complete a	separate form	for each occurrence):		
Start Date: 02-10-13	Time: 3:20	AM	PM ×	Duration of	the overflow or	bypass (hours	and minutes):		
Estimated Volume of Wastewater WWTP Flow During bypass (report in Discharged MGD): Not applicable for a collection (gallons): System SSO. Location of the Overflow or Bypass:  N/A 18014 GOTTSCHALK AVE									
Circumstan	ces Ca	using	the (	Overflow o	or Bypass (c	heck all that	apply)		
WPC 733	X	Rain		☐ Power (	Outage 🗌 Eq	uipment Failure	X Other (explain below)		
11/2011		Snow N	Иelt	☐ Broken	Sewer 🗌 W	idespread Flood	ling		
failed. What c	aused th	e power	r outag	je, or what pl	ugged the sew	er.  Flooding sho	urred. For example, describe what equipment buld only be indicated, as a cause if there is ust localized high water in the street.		
THE HOMEO HOMEOWNER						D BACK-UP. W	E FOUND THE SEWER CLEAR. THE		

Wet Weathei	(if applic	able)						
Date(s) and [	Ouration o	f Rainfall:						
Start Date:	Time:	AM PM	End Date:	Time:	AM PM	Amount of Ra	infall (inches)	Amount of Snow Melt
02-10-13	4:35	X	02-10-13	6:15		0.18	,	(inches)
<u>y2 10 10 .</u>	1.00						****	
Contributing SATURATED		itions (satu	ırated, frozen,	soil type)				
Where Did	the Dis	charge i	from the O	erflow o	or Bypas	ss Go? (che	ck all that a	pply)
lf discharge o storm sewer	loes not e to find the	nter directl receiving	ly into surface water.	at the was water, but	stewater ei indirectly	nters, which cou by way of a dito	uld be a nearby th or storm sew	stream, river, lake, or wetland. ver, trace the path of the ditch o
Runs on	_							
Ditch: Na	ame of su	face wate	r it drains to:					
Storm Se	wer: Na	ame of sur	face water it d	rains to:				
Surface	water dire	ct discharç	ge:					
Basemer	nt Back-up	s, (Numb	er & use (i.e.r	esidential,	commerc	ial) of buildings	affected):	
	escribe: B	ACK-UP IN	THE SHOW	ER AND TO	OILET			
may be the s WE SHOT T FURTHER F	HE SEW	ER AND C	LEANED THE	MAIN SE	WER WE	WILL DYE TES	T THE SEWER	RSERVICE LINE TO SEE IF
Report Co	mplete	d By			Au	thorized Rep	oresentative	Contact Information
Contact Pers	on: BOB	LACHAPE	LLE		Con	tact Person: SA	ME	
Street Addre	ss: 2020	CHESTNL	JT RD		 Title	e:		
PO Box:					Stre	et Address:		
City:	HOM	EOOD	State:			Box:		
Zip Code:	6043		Phone: <u>708-2</u>	206-2910	City			State:
County:	<u>coo</u>	Κ		<u>.</u>	•	Code: inty:		Phone:
					Cou			
Any person Illinois EPA ILCS 5/44(h	commits	wingly ma a Class 4	akes a false, i I felony. A se	fictitious, econd or s	or fraudu subseque	lent material s nt offense afte	tatement, oral r conviction is	ly or in writing, to the a Class 3 felony. (415
Authorized I	Represent	ative Nam	e (Print)		Title			
ROBERT LA	ACHAPEL	LE			UTILITY	SUPERVISOR		
Nut	who						2-11	1-13

Date

Authorized Representative Signature



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Permittee (Municipality or Facility Name): Village of homewood				ne):	Permit Number: ms4-il40035	Person Representing Permittee Who Contacted IEPA: Robert LaChapelle		
Date: 02-12-13	Time: 10:30	AM ×	PM	IEPA Office Des Plaines	EPA Office Contacted: Name of IEPA Employee C Des Plaines ALAN ANDERSON			
Sanitary Se	wer Ove	erflow	or B	ypass Det	tails			
Date and Dura	tion of Ov	erflow	or Byp	ass Occumei	nce (complete a sep	arate form for each occurrence):		
Start Date:	Time:	AM	PM	Duration of	the overflow or bypa	ass (hours and minutes):		
02/11/13	1:30	_ 🗆	X	0				
Estimated Voli Wastewater Discharged (gallons):	V M	MVTP ( (GD): I ystem (	Not ap	uring bypass plicable for a	collection	tion of the Overflow or Bypass:		
0	n/	/a			n/a			
Circumstar	ces Ca	using	the (	Overflow o	or Bypass (chec	k all that apply)		
WPC 733		Rain		Power	Outage 🗌 Equipm	ent Failure   Other (explain below)		
11/2011		Snow i	Иelt	☐ Broken	Sewer 🗌 Widesp	read Flooding		
failed. What o	aused the	power	r outag	e, or what pl	ugged the sewer. F	lypass occurred. For example, describe what equipment looding should only be indicated, as a cause if there is evels, not just localized high water in the street.		
N/A								

Wet Weather (	if appli	cable)						
Date(s) and Du	ration o	of Rainfall:						
Start Date:	Time:	AM PM	End Date:	Time:	AM PM	Amount of	Rainfall (inches)	Amount of Snow Melt (inches)
Contributing S	oil Cond	litions (satu	ırated, frozen,	, soil type)				
Where Did t	he Di	scharge t	from the O	verflow	or Bypa	ass Go? (c	heck all that :	apply)
Provide the na If discharge do storm sewer to Runs on gi	es not e find the	enter directi e receiving	ly into surface water.	nat the wa water, bu	stewater t indirectl	enters, which o	could be a nearb ditch or storm sev	y stream, river, lake, or wetland. wer, trace the path of the ditch or
☐ Ditch: Nar								
Storm Sew								
		ect discharç						
☐ Basement	Back-u	os, (Numb	er & use (i.e.	residential	, comme	cial) of buildin	gs affected):	
X Other, des	cribe:N	O OVERFI	LOW OR BY-I	PASS OC	CURED			
sewer jet thro	ugh the	line and re	lived the bloc	kage and	drained th	e sewer.		ine was blocked. We ran our
Keport Cor	iipiete	ч Бу					•	
Contact Perso	*********				Cc	ntact Person:	Same	
Street Addres	s: <u>2020</u>	Chestnut r	ď					
PO Box:	11			. 11		reet Address: <sub>.</sub> ) Box:		
City:	*****	ewood	State Phone: 708-2		. Ci			State:
Zip Code:	6043		Phone: 708-	200-2910	-	o Code:		Phone:
County:	Cook	,				ounty:		
Any person of Illinois EPA of ILCS 5/44(h)) Authorized R	commit	s a Class 4	4 felony. A se	econd or	subsequ	ent offense a	i statement, ora fter conviction i	lly or in writing, to the is a Class 3 felony. (415
/w	Wh						2-12-1	7



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Date: 02-15-13	Time: 8:45	AM ×	PM	IEPA Office Des Plaines	Office Contacted: Name of IEPA Employee Contacted: ALAN ANDERSON				
Sanitary Se	wer Ove	rflow	or B	ypass De	tails				
Date and Dura	tion of Ove	erflow	or Byp	ass Occumei	nce (complete	a separate	form f	for each occurrence):	
Start Date: 02-15-13	Time: 2:30	AM [X]	PM	Duration of 0	the overflow o	or bypass (	hours a	and minutes):	
Estimated Volume of Wastewater WWTP Flow During bypass (report in Discharged MGD): Not applicable for a collection (gallons): Location of the Overflow or Bypass:									
Circumstar	ices Cau	ısing	the (	Overflow o	or Bypass (d	check al	l that	apply)	
WPC 733	<u></u>	Rain		☐ Power	Outage 🔲 E	quipment	Failure	★ Other (explain below)	
11/2011		Snow i	vielt	Broken	Sewer 🗌 V	Videspread	l Flood	ling	
failed. What o	aused the	powe	r outac	ie, or what pl	lugged the sew	ver. Flood	ing sho	urred. For example, describe what equipment buld only be indicated, as a cause if there is ust localized high water in the street.	
The Villages s									

Wet Weathe	r (if appli	cable)						
Date(s) and	Duration o	of Rainfall:						
Start Date: n/a	Time:	AM PM	End Date:	Time:	AM PM	Amount of Rai	nfall (inches)	Amount of Snow Melt (inches)
n/a			ırated, frozen,					
Where Did	the Di	scharge	from the O	verflow	or Bypa	ss Go? (che	ck all that a	pply)
If discharge storm sewer	does not e to find the	enter direct e receiving	ly into surface	nat the was water, but	stewater e indirectly	nters, which cou by way of a ditc	ld be a nearby h or storm sew	stream, river, lake, or wetland. er, trace the path of the ditch or
	-		r it drains to:					
Storm Se	ewer: N	ame of sur	face water it o	Irains to:				
Surface	water dire	ect dischar	ge:	•				
Baseme	nt Back-u	ps, (Numl	oer & use (i.e.	residential	, commerc	ial) of buildings	affected): 1 R	ESIDENTAL
Other, c     ∴	lescribe:\	ne sump pu	ımp was cyclir	ng because	e the wate	r could not get o	ut.	
this form. A permits pro may be the	Also descr hibit overf subject of	ibe what ac lows or byp f enforcem	ctions are plar passes, unless ent action.	ned to pre certain sp	vent or mi ecified co	nimize future ov nditions are met	ernows or bypa . Sanitary sew	rflow or bypass reported on assess. Illinois law and NPDES ver overflows and bypasses
through the	line and o	cleared the	blockage. we	will televis	e the line	to see what cau	sed the blocka	locked. We ran our sewer jet ge.  Contact Information
'	•	-				•		
Contact Per						ntact Person: Sai		
Street Addr PO Box:	ess: 2020	Chestnut	ra					
City:	Hom	ewood	 State	: IL		Box:		
Zip Code:	6043		Phone: 708-		City			State:
County:	Cool		<u> </u>		Zip	Code:		Phone:
•					Co	unty:		
Any perso Illinois EP ILCS 5/44(	A commit	owingly m Is a Class	akes a false, 4 felony. A s	fictitious, econd or	or fraudu subseque	ulent material s ent offense afte	tatement, oral r conviction k	ly or in writing, to the a Class 3 felony. (415
Authorized	Represer	ıtative Nan	ne (Print)		Title			٠
Robert La	Chapelle				Utility Su	ipervisor		
Ku	of his	Am	and the second of the second o				2-1	5-13
Au	thorized F	Representa	tive Signature				Date	



Bureau of Water • 1021 North Grand Avenue East • P.O. Box 19276 • Springfield • Illinois • 62794-9276

### Sanitary Sewer Overflow or Bypass Notification Summary Report

- Within 24 hours of the occurrence, notify the Illinois EPA regional wastewater staff by telephone, FAX, email or voice mail, if staff are unavailable.
- Within 5 days of the occurrence, provide a written report describing the overflow or bypass, including all information requested on this form. The permittee is required to submit this form or other equivalent written notification to the Illinois EPA at:

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Instructions: Use this form to report all unscheduled sanitary sewer overflow or bypass occurrences. Attach additional information as necessary to explain or document the overflow or bypass. For the purpose of this report, an overflow or bypass is defined as the discharge of untreated sewage from the sanitary sewer collection system to a surface water and/or ground due to circumstances such as those identified by the check boxes in the overflow or bypass details section of this form.

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Permittee (Municipality or Facility Name): VILLAGE OF HOMEWOOD				ne):	Permit Number: MS4-IL40035		Person Representing Permittee Who Contacted IEPA: BOB LACHAPELLE			
Date: 02-22-13	Time: 1:30	AM	PM ×	IEPA Office	Contacted:		Name of IEPA Employee Conta Alan Anderson	acted:		
Sanitary Sev	ver Ove	rflow	or B	ypass Def	tails					
Date and Durati	on of Ove	erflow	or Bypa	ass Occurrer	nce (complete a sepa	rate fon	for each occurrence):			
Start Date: 02-22-13	Time: 8:00	AM ×	PM	Duration of	the overflow or bypa	ss (hou	and minutes):			
Estimated Volu Wastewater Discharged (gallons):	VV M	WTP F GD): N	low Do lot app SSO.	uring bypass blicable for a	(report in collection	ion of th	e Overflow or Bypass:			
	N/	Α			1900	6 Johna	ion Ave.			
Circumstan	ces Cau	sing	the C	verflow o	or Bypass (chec	all th	t apply)			
WPC 733	□R	Rain		☐ Power ©	Outage 🗌 Equipm	ent Failu	e 🗵 Other (explain below)			
11/2011	□s	Snow N	/lelt	☐ Broken	Sewer	read Flo	ding			
failed. What ca	aused the	power	outag	e, or what pl	ugged the sewer. Fi	ooding s	curred. For example, describe voluned. For example, describe voluned as a cal just localized high water in the	use if there is		
The homeown in street area T responsibility.	er at 1900 he village	)6 Jah check	nathon ced ou	called and r sewer main	reported he had per and homeowner wa	na seal s advise	od his sewer and was advised r I the problem was in his service	oots in his sewer and his		

Wet Weather (if applicable)			
Date(s) and Duration of Rainfall:			
Start Date: Time: AM PM End Date: Ti	ime: AM DM	Amount of Rainfall (inches)	Amount of Snow Melt
Military Military	ime: AM PM :30 □ 🏻	0	(inches) snow
<u> </u>			JUMP
Contributing Soil Conditions (saturated, frozen, soil SATURATED SOIL	l type)		
Where Did the Discharge from the Over	flow or Bypas	s Go? (check all that a	pply)
Provide the name of the local receiving water that the light discharge does not enter directly into surface wat storm sewer to find the receiving water.	he wastewater er ter, but indirectly l	iters, which could be a nearby by way of a ditch or storm sew	stream, river, lake, or wetland. er, trace the path of the ditch o
Runs on ground and absorbs into the soil			
☐ Ditch: Name of surface water it drains to:			
Storm Sewer: Name of surface water it drain	s to:		
Surface water direct discharge:			
Basement Back-ups, (Number & use (i.e.resid	iential, commercia	al) of buildings affected):	
☑ Other, describe: slow drains no back up reporte	ed		
Actions to Correct This Occurrence and	l Prevent Futu	ire Owerflows or Bypas	ses
Describe what actions were taken to minimize the this form. Also describe what actions are planned permits prohibit overflows or bypasses, unless cert may be the subject of enforcement action.  WE SHOT THE SEWER AND CLEANED THE MA	to prevent or min tain specified con	imiza futura ovarflowe or huma	cooce Illingia laurand NIDDEC
Report Completed By	Autł	norized Representative (	Contact Information
Contact Person: HARRY HAMMOCK			
Street Address: 2020 CHESTNUT RD	Title:	act Person: SAME	
PO Box:		t Address:	
City: HOMEOOD State: IL			
Zip Code: 60430 Phone: 708-206-2	910 City:		State:
County: COOK	Zip C		Phone:
	Coun	ty:	
Any person who knowingly makes a false, fictiti Illinois EPA commits a Class 4 felony. A second ILCS 5/44(h))	lous, or fraudule d or subsequent	nt material statement, orally offense after conviction is a	or in writing, to the Class 3 felony. (415
Authorized Representative Name (Print)	Title		
HARRY HAMMOCK,	UTILITY SI	JPERVISOR	
Day/ Daywinell		4-42	-13
Authorized Representative Signature	<del></del>	Date	



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Permittee (Municipality or Facility Name): VILLAGE OF HOMEWOOD				ne):	Permit Numbe MS4-IL40035		Representing Permittee Who Contacted IEPA: CHAPELLE
Date: 03-01-13	Time:	AM	PM	IEPA Office	e Contacted: NES		nme of IEPA Employee Contacted: an Anderson
Sanitary S		erflow	or B	ypass De	talls		
Date and Dun	ation of Ov	verflow	or Byp	ass Occume	nce (complete a	separate form fo	or each occurrence):
Start Date: 02-28-2013	Time:	AM 🗀	PM  X	Duration of	f the overflow or	bypass (hours a	nd minutes):
Estimated Vo Wastewater Discharged (gallons):	V N s	WWTP f MGD): I system \$	Not ap	uring bypas: plicable for a	s (report in a collection	Location of the C	Overflow or Bypass:
Circumsta			the (	Overflow o	or Bypass (c	heck all that	apply)
WPC 733 11/2011		Rain Snow I		☐ Power	Outage 🔲 Ed	quipment Failure Idespread Floodi	▼ Other (explain below)
failed. What	caused the	e power	r outac	ie, or what p	lugged the sew	er.  Flooding sho	med. For example, describe what equipment uld only be indicated, as a cause if there is set localized high water in the street.
THE HOME	OWNER c	ame ho	me fro	m work and ain line. Sew	basement had a	approx. 15" of wa	ater in basement. As we checked manholes we Village.Basement then drained.

Wet Weather (	if applicable)						
Date(s) and Du	ration of Rainfall:						
	Time: AM PM	End Date: 02-28-13	Time: 6:15	AM PM	Amount of Ra	infall (inches	s) Amount of Snow Melt (inches) snow
02-20-10		<u> </u>	<u> </u>				
SATURATED							
Where Did t	he Discharge	from the O	verflow	or Bypas	ss Go? (che	ck all tha	t apply)
If discharge do storm sewer to	es not enter direct find the receiving	ly into surface water.	nat the wa water, bu	stewater e t indirectly	nters, which cou by way of a dito	ıld be a nea h or storm s	rby stream, river, lake, or wetland. sewer, trace the path of the ditch of
-	ound and absorbs						
	ne of surface water		raina ta:				
			rams to.		<u>.</u>		
_	ater direct dischar		rasidantial	aammara	ial\ of buildings	affected): E	Residential (1) Home
*****	-	per & use (i.e.	residential	, commete	iai) oi bullulligs	anected). F	Nesidential (1) Home
Other, des	спре:						
Actions to	Correct This C	ccurrence	and Pre	vent Fut	ure Owerflo	ws or Bvr	passes
this form. Als permits prohib may be the su	t actions were take o describe what a bit overflows or by ubject of enforcem IE SEWER AND C	ctions are plar passes, unless ent action.	ned to pres certain s	pecified co	mimize future ov nditions are met	erflows or b t. Sanitary s	overflow or bypass reported on bypassess. Illinois law and NPDES sewer overflows and bypasses
Report Cor	mpleted By			Au	thorized Rep	oresentati	ive Contact Information
Contact Perce	on:Harry Hammoc	k		Con	itact Person: SA	ME	
	s: 2020 CHESTN			Title			
PO Box:				·	eet Address:		
City:	HOMEOOD	State	: IL	PO	Box:		
Zip Code:	60430	Phone: 708-	206-2910	<del>-</del>			State:
County:	COOK				Code: unty:		Phone:
Any person ( Illinois EPA ( ILCS 5/44(h))	commits a Class	nakes a false, 4 felony. A s	fictitious, econd or	subseque	llent material s nt offense afte	tatement, o r conviction	orally or in writing, to the n is a Class 3 felony. (415
Authorized R	epresentative Nar	ne (Print)		Title			
Harry Hamm	ock /			UTILITY	SUPERVISOR		
day	Donne	ul				3-/-	-3
Autho	/ / orized Representa	) tive Signature				D	ate



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## Sanitary Sewer Overflow or Bypass Notification Summary Report

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Permittee (Mun VILLAGE OF H			ty Nam	,	Permit Number: Person Representing Permittee Who Cont BOB LACHAPELLE	
Date: 03-11-13	Time: 9:30	AM ×	PM	IEPA Office Co		Name of IEPA Employee Contacted: Alan Anderson
Sanitary Sev	ver Ove	rflow	or B	ypass Details	S	
Date and Durati	on of Ove	rflow	or Bypa	ass Occurrence (	(complete a separ	ate form for each occurrence):
Start Date: 03-09-13	Time: 11:00	AM  X	PM □	Duration of the	overflow or bypas	s (hours and minutes):
Estimated Volu Wastewater Discharged (gallons):	me of VVA MC	WTP F 3D): N stem S	lot app	uring bypass (rep blicable for a coll	ection	on of the Overflow or Bypass:
0	N//	A			949 EL	DER RD
Circumstand	ces Cau	sing	the C	verflow or B	ypass (check	all that apply)
WPC 733 11/2011		ain now M	lelt	<ul><li>☐ Power Outa</li><li>☐ Broken Sew</li></ul>		at Failure 🗵 Other (explain below)
failed. What ca	used the p	power	outage	e, or what plugge	ed the sewer. Floo	pass occurred. For example, describe what equipment obding should only be indicated, as a cause if there is els, not just localized high water in the street.
						ter coming from the toilet flange seal The village checked ling and his responsibility.

Wet Weathe	er (if appli	cable)									
Date(s) and	Duration of	of Rainfall:									
Start Date:	Time:	AM PM	End Date:	Time:	AM PM	Amount of Rainfall (inches)	Amount of Snow Melt (inches)				
Contributing	Soil Cond	ditions (satı	ırated, frozen	, soil type)							
Where Did	the Di	scharge	from the O	verflow	or Bypa	ss Go? (check all that a	pply)				
Provide the I If discharge storm sewer	does not of to find the	enter direct e receiving	ly into surface water.	nat the was water, but	stewater e indirectly	nters, which could be a nearby by way of a ditch or storm sew	stream, river, lake, or wetland. er, trace the path of the ditch or				
_	•		r it drains to:								
_			face water it c	Irains to:							
		ect dischar									
☐ Baseme	nt Back-u	ps, (Numb	er & use (i.e.	residential	, commerc	ial) of buildings affected):					
Other, c	lescribe:to	oilet leaking	no back up	reported							
			A PLUMBER		Λιε	thorized Representative	Contact Information				
Report C	ompiere	:и Бу			Ди	monized representative	Contact information				
Contact Per					<del></del>	itact Person: SAME					
Street Addr	ess: 2020	CHESTNU	JT RD	·	Title						
PO Box: City:	HOM	MEOOD	 State	· II		eet Address: Box:					
Zip Code:	6043		Phone: 708-		City		 State:				
County:	COC		110000		-	Code:	Phone:				
•	-				Cou	ınty:					
Any person Illinois EP ILCS 5/44(I	4 commit	owingly m 's a Class o	akes a false, 4 felony. A s	fictitious, econd or s	or fraudu subseque	lent material statement, oral nt offense after conviction is	ly or in writing, to the a Class 3 felony. (415				
Authorized	Represer	ntative Nam	ie (Print)		Title						
Bob LaChapelle 1.						UTILITY SUPERVISOR					
Root	with	3				3-11-	13				

Authorized Representative Signature

Date



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Permittee (Municipality or Facility Name): VILLAGE OF HOMEWOOD					Permit Number: Person Representing Permittee Who Contacted BOB LACHAPELLE				
Date: 03-11-13	Time: 9:30	AM ×	PM □	IEPA Office	e Contacted: IES			me of IEPA Employee Contacted: an Anderson	
Sanitary Sev	ver Ov	erflow	or B	ypass De	tails				
Date and Durat	ion of O	verflow	or Byp	ass Occurrer	nce (complete a	separate fo	ım fo	or each occurrence):	
Start Date: 03-10-13	Time: 11:00	AM	PM	Duration of	the overflow or	bypass (ho	urs a	nd minutes):	
Estimated Volu Wastewater Discharged (gallons):	me of	MWTP F MGD): It	Not ap	uring bypass plicable for a	collection	Location of	the C	overflow or Bypass:	
0	1	N/A			1814 EVERGREEN RD				
Circumstan	ces Ca	ausing	the C	Overflow o	or Bypass (c	heck all t	hat a	apply)	
WPC 733	X	Rain		☐ Power €	Outage 🗌 Equipment Failure 🗵 Other (expl			X Other (explain below)	
11/2011	X	Snow M	∕lelt	Broken	Sewer W	idespread F	loodii	ng	
failed. What ca	aused th	ie power	outag	e, or what pl	lugged the sewe	er. Flooding	shou	rred. For example, describe what equipment all all only be indicated, as a cause if there is st localized high water in the street.	
The RESIDEN sewer main, th	IT at 18 <sup>-</sup> e line w	14 EVEI as full.	RGREI THIS V	EN RD called VAS LATE IN	d and reported S N THE DAY . Th	She had wat HE SYSTEM	er co I WA	ming from the floor drains We checked our S FULL OF SNOW MELT AND RAIN	

Wet Weathei	(if applic	able)								
Date(s) and [	ouration o	f Rainfall:								
Start Date:	Time:	AM PM	End Date:	Time:	AM PM	Amount of Rainfall (inches)	Amount of Snow Melt (inches)			
03-10-13	9:00		03-11-13	9:00		1.25"	10"			
	<del></del>									
Contributing FROZEN	Soil Cond	itions (satu	ırated, frozen,	soil type)						
Where Did	the Dis	charge	from the O	verflow o	or Bypas	ss Go? (check all that a	apply)			
Provide the n If discharge o storm sewer	loes not e to find the	nter direct receiving	y into surface water.	nat the was water, but	stewater ei indirectly	nters, which could be a nearby by way of a ditch or storm sev	y stream, river, lake, or wetland. wer, trace the path of the ditch o			
Ditch: Na	-									
Storm Se			face water it d	Iraine to:						
Surface										
⊠ Basemer	it Back-up	s, (Numb	er & use (i.e.i	residential,	commerc	ial) of buildings affected): 1 R	ESIDENTIAL			
			MMING UP F							
WE WILL C	HECK TH	E SEWER	MAIN AGAIN	WHEN TH	ie Level	S DROP.				
Report Co	mplete	d By			Aut	thorized Representative	: Contact Information			
Contact Pers	on: Bob L	a Chapelle	<b>.</b>		Con	tact Person: SAME				
Street Addre					 Title	<b>2</b> ;				
PO Box:			4.100		Stre	et Address:				
City:	HOM	EOOD	State		PO	Box:	<del></del>			
Zip Code:	60430	3	Phone: 708-2	206-2910	City		State:			
County:	COO	K				Code:	Phone:			
					Cou	inty:				
Any person Illinois EPA ILCS 5/44(h	commits	wingly mages a Class 4	akes a false, 1 felony. A so	fictitious, econd or s	or fraudu subseque	lent material statement, oral nt offense after conviction k	lly or in writing, to the s a Class 3 felony. (415			
Authorized l	Represent	ative Nam	e (Print)		Title					
Bob LaChap	elle				UTILITY	UTILITY SUPERVISOR				
Rut	All					3-11-	13			
1	<u></u>									

Authorized Representative Signature

Date



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Date:         Time:         AM         PM         IEPA Offi           03-11-13         9:30         ☒         ☒         ☐         DES PLA	ce Contacted:	Name of IEPA Employee Contacted: Alan Anderson
Sanitary Sewer Overflow or Bypass D	etails	
Date and Duration of Overflow or Bypass Occun	ence (complete a sep	arate form for each occurrence):
Start Date: Time: AM PM Duration	of the overflow or bypa	ass (hours and minutes):
Estimated Volume of Wastewater WWTP Flow During bypa Discharged MGD): Not applicable for system SSO.	a collection	tion of the Overflow or Bypass:
0 N/A	1802	1 GOTTSCHALK AVE
Circumstances Causing the Overflow	or Bypass (chec	k all that apply)
WPC 733 X Rain Powe	r Outage 🔲 Equipm	ent Failure 🗵 Other (explain below)
11/2011 X Snow Melt	n Sewer 🔲 Widesp	read Flooding
	plugged the sewer. F	ypass occurred. For example, describe what equipment looding should only be indicated, as a cause if there is evels, not just localized high water in the street.
The RESIDENT at 18021 GOTTSCHALK AVE sewer main, the line was half full. We shot the line		ne had water coming from the floor drains We checked our ow and relived the back up.

(s) and Duration of Rainfall:					
(a) and Duranon of Manifall.					
Date: Time: AM PM	s) Amount of Snow Melt				
0-13 9:00 X	(inches)				
ributing Soil Conditions (sat ZEN					
ere Did the Discharge	t apply)				
	rby stream, river, lake, or wetland. sewer, trace the path of the ditch o				
tuns on ground and absorbs					
itch: Name of surface wate					
torm Sewer: Name of su					
Surface water direct dischar					
Basement Back-ups, (Numi	RESIDENTIAL				
Other, describe:WATER CC					
nits prohibit overflows or by be the subject of enforcem cleaned the main sewer line	ypassess. Illinois law and NPDES sewer overflows and bypasses				
ort Completed By	ve Contact Information				
act Person: Bob La Chapell					
et Address: 2020 CHESTNU					
Box:					
HOMEOOD					
Code: 60430	State:				
nty: COOK	Phone:				
person who knowingly m bis EPA commits a Class of 5 5/44(h))					
orized Representative Nam					
Bob LaChapelle / L					
Int with	3				
person who knowingly mois EPA commits a Class of 5/44(h)) norized Representative Nam	rally or in writing n is a Class 3 felo				

Date

Authorized Representative Signature



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### Sanitary Sewer Overflow or Bypass Notification Summary Report

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- Within 5 days of the occurrence, provide a written report describing the overflow or bypass, including all information requested on this form. The permittee is required to submit this form or other equivalent written notification to the Illinois EPA at:

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Use one form per occurrence. A single occurrence may be more than one day if the circumstances causing the overflow or bypass results in a discharge duration of more than 24 hours. If there is a stop and restart of the overflow or bypass within 24 hours, but it is caused by the same circumstances, report it as one occurrence. If the discharges are separated by more than 24 hours, they should be reported as separate occurrences.

Permittee (Municipality or Facility Name): VILLAGE OF HOMEWOOD				ne):	Permit Number: MS4-IL40035	Person Representing Permittee Who Contacted IEPA: BOB LACHAPELLE				
Date: 03-11-13	Time: 9:30	AM ×	PM	IEPA Office Contacted: DES PLAINES		Name of IEPA Employee Contacted: Alan Anderson				
Sanitary S	ewer Ov	erflow	or B	ypass Det	tails					
Date and Dur	ation of Ov	erflow	or Byp	ass Occurrer	nce (complete a sepa	rate form for each occurrence):				
Start Date:	Time:	AM	PM	Duration of the overflow or bypass (hours and minutes):						
03-10-13	6:00	_ ⊔	X							
Estimated Volume of Wastewater WWTP Flow During bypass (report in Discharged MGD): Not applicable for a collection (gallons): System SSO. Location of the Overflow or Bypass:										
0	N	/A			1635	PINE RD				
Circumsta	nces Ca	using	the C	Overflow o	or Bypass (check	all that apply)				
WPC 733	X	Rain		Power (	Outage 🗌 Equipme	ent Failure 🗵 Other (explain below)				
11/2011	X	Snow N	vielt	☐ Broken Sewer ☐ Widespread Flooding						
failed. What	caused the	power	outag	je, or what pl	ugged the sewer. Fl	rpass occurred. For example, describe what equipment boding should only be indicated, as a cause if there is vels, not just localized high water in the street.				
						coming from the floor drains The village checked our in her home and her responsibility.				
<u> </u>										

Wet Weather	(if appli	cable)									
Date(s) and D	ouration o	of Rainfall:									
Start Date: 03-10-13	Time: 9:00	AM PM	End Date: 03-11-13	Time: 9:00	AM PM	Amount of Rainfall (inc	ches)	Amount of Snow Melt (inches) 10"			
Contributing FROZEN	Soil Cond	litions (satu	ırated, frozen,	, soil type)							
Where Did	the Dis	scharge t	from the O	verflow	or Bypas	ss Go? (check all t	hat ap	pply)			
If discharge d storm sewer t	oes not e o find the	enter directle receiving	y into surface					stream, river, lake, or wetland. er, trace the path of the ditch o			
	-		r it drains to:								
Storm Se			face water it d	rains to:	·						
		ect discharg	je:								
── Basemen	t Back-uj	os, (Numb	er & use (i.e.	esidential	, commerci	al) of buildings affected):	 : 1 RE	SIDENTIAL			
X Other, de	scribe:V	ATER CO	MMING UP FI	LOOR DR	AINS						
Describe who this form. Al permits proh may be the s WE ADVISE	so descri bit overfl ubject of	be what ac ows or byp enforceme	tions are plan asses, unless nt action.	the volum ned to pre certain sp	e of waste\ vent or min pecified con	water discharged from th imize future overflows o ditions are met. Sanitar	ie overf ir bypas y sewe	low or bypass reported on seess. Illinois law and NPDES r overflows and bypasses			
Report Co	mplete	d By			Aut	horized Representa	ative (	Contact Information			
Contact Pers	on:Bob L	.a Chapelle	<b>!</b>		Cont	act Person: SAME					
Street Addres	ss: 2020	CHESTNU	TRD		 Title	•					
PO Box:					Stree	et Address:					
City:	-	EOOD	State:		PO E		<del></del>				
Zip Code:	60430		Phone: 708-2	06-2910	City:			State:			
County:	<u>coo</u>	<u>K</u>			Zip ( Cour	Code: nty:		Phone:			
	commits					ent material statement, t offense after convicti					
Authorized R	epresent	ative Name	e (Print)		Title						
Bob LaChap	elle				UTILITY S	UTILITY SUPERVISOR					
Mitol	wh					3-1	//-	13			
Auth	orized Re	presentativ	e Signature		Date						



Bureau of Water \* 1021 North Grand Avenue East \* P.O. Box 19276 \* Springfield \* Illinoi

## Sanitary Sewer Overflow or Bypass Notification Summary Report

Within 24 hours of the occurrence, notify the Illinois EPA regional wastewater staff by telephone,  $F_{\ell}$  taff are unavailable.

Within 5 days of the occurrence, provide a written report describing the overflow or bypass, including In this form. The permittee is required to submit this form or other equivalent written notification to the

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TE: You may complete this form online, save a copy locally, print, sign and submit it to the BOW/CA ove address. You may also print the form before completing it by hand, signing and submitting it.

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tructions: Use this form to report all unscheduled sanitary sewer overflow or bypass occurrences. Attairmation as necessary to explain or document the overflow or bypass. For the purpose of this report, a fined as the discharge of untreated sewage from the sanitary sewer collection system to a surface wate numstances such as those identified by the check boxes in the overflow or bypass details section of this

e one form per occurrence. A single occurrence may be more than one day if the circumstances causing tass results in a discharge duration of more than 24 hours. If there is a stop and restart of the overflow cars, but it is caused by the same circumstances, report it as one occurrence. If the discharges are sepanars, they should be reported as separate occurrences.

•	nicipality o		ity Nar	ne):	Permit Number: MS4-IL40035		Person Representing Permittee WI BOB LACHAPELLE		
: 1-13	Time: 9:30	AM X	PM	IEPA Office DES PLAIN	Contacted: ES		ame of IEPA Employee Col an Anderson		
tary Se	wer Ove	erflow	or E	ypass Det	ails				
ınd Dura	tion of Ov	erflow	or Byp	ass Occurren	ce (complete a sepa	arate form f	or each occurrence):		
late;	Time: 5:35	AM	PM ⊠	Duration of	the overflow or bypa	ıss (hours a	and minutes):		
ted Voli vater ged ):	s) M V	NVTP I GD): I /stem \$	Vot ap	uring bypass plicable for a	collection Loca	tion of the C OLIVE RD	Overflow or Bypass:		
stan	ces Cat	using	the C	Overflow o	r Bypass (checi	call that	apply)		
	X F	Rain		☐ Power C	Outage 🔲 Equipm	ent Failure	X Other (explain below)		
	$\boxtimes$	Snow N	/lelt	☐ Broken	Sewer 🔲 Widesp	read Floodi	ng		
at c	aused the	power	outag	e, or what plu	igged the sewer. Fl	ooding sho	rred. For example, describe what uld only be indicated, as a cause i st localized high water in the stree		
							om the floor drains The village che ne and her responsibility.		

Wet Weathe	r (if applic	able)									
Date(s) and [	Ouration of	Rainfall:									
Start Date: 03-10-13	Time: 9:00	AM PM	End Date: 03-11-13	Time: 9:00	AM PM	Amount of Rain	ıfall (inches)	Amount of Snow Melt (inches) 10"			
Contributing FROZEN	Soil Condi	tions (satu	ırated, frozen,	soil type)							
Where Did	the Dis	charge 1	from the Ov	erflow (	or Bypas	s Go? (chec	k all that a	pply)			
If discharge o storm sewer!	loes not er to find the	nter directi receiving	y into surface water.	at the was water, but	stewater er t indirectly i	iters, which could by way of a ditch	d be a nearby or storm sew	stream, river, lake, or wetland. er, trace the path of the ditch o			
Runs on	-										
☐ Ditch: Na			-								
∐ Storm Se			face water it d	rains to:							
	water direc	_									
						al) of buildings at	ffected): 1 RE	ESIDENTIAL			
⊠ Other, de	escribe: W	ATER CO	MMING UP FL	OOR DR	AINS						
Λ -4! 4 -	<b>0</b> 4	71.1. 0					_				
						are Owerflow					
Describe who this form. All permits prohibing may be the s	so describ ibit overflo	e what act ws or byp:	tions are planı asses, unless	the volume red to prev certain sp	e of wastev vent or min ecified con	vater discharged imize future over ditions are met.	from the over flows or bypa Sanitary sew	flow or bypass reported on ssess、Illinois law and NPDES er overflows and bypasses			
WE ADVISE	<u>-</u>										
Report Co	mpleted	Ву			Aut	norized Repre	esentative	Contact Information			
Contact Pers	aniDah te	Ohanalla				•					
Street Addres		<del></del>			_ Cont _ Title	act Person: SAM					
PO Box:	70. <u>2020</u> 0		1110			t Address:					
City:	HOME	OOD	— State:	IL	PO E						
Zip Code:	60430		Phone: 708-20		City:			State:			
County:	СООК				Zip C	ode:		Phone:			
					Cour	ity:					
Any person Illinois EPA ILCS 5/44(h)	commits a	vingly ma a Class 4	kes a false, fi felony. A se	ctitious, c cond or s	or fraudule ubsequen	ent material stat t offense after c	ement, orally onviction is	or in writing, to the a Class 3 felony. (415			
Authorized R	epresenta	tive Name	(Print)		Title						
Bob LaChape	elle				UTILITY SUPERVISOR						
Not.	When	The state of the s			3-11-13						
Autho	v ⊘rized Rep	resentativ	e Signature		Date						



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Permittee (Municipality or Facility Name): VILLAGE OF HOMEWOOD				ne):	Permit Number: MS4-IL40035	Person Representing Permittee Who Contacted IEPA: BOB LACHAPELLE		
Date: 03-11-13	Time: 9:30	AM ×	PM	IEPA Office Contacted: DES PLAINES		Name of IEPA Employee Contacted: Alan Anderson		
Sanitary Se	ewer Ove	erflow	or E	Bypass De	tails			
Date and Dura	ation of Ov	erflow	or Byp	ass Occurre	nce (complete a sep	arate form for each occurrence):		
Start Date: 03-11-13	Time: AM PM Duration of the overflow or bypass (hours and minutes):							
Estimated Vo Wastewater Discharged (gallons):	lume of V		Flow D Not ap SSO.	ouring bypass plicable for a	report in collection	tion of the Overflow or Bypass:		
0	<u>N</u>	/A			1825	4 RIEGEL RD		
Circumstai	nces Ca	using	the (	Overflow o	or Bypass (chec	call that apply)		
WPC 733	X	Rain		☐ Power Outage ☐ Equipment Failure ☒ Other (explain below)				
11/2011	[X]	Snow M	Melt	Broken	Sewer Widespread Flooding			
failed. What	caused the	power	r outag	je, or what pl	ugged the sewer. F	ypass occurred. For example, describe what equipment ooding should only be indicated, as a cause if there is evels, not just localized high water in the street.		
					reported he had wa OOWN WHEN IT STO	ter coming from the floor drains. THE WATER CAME UP OPPED.		

Wet Weathe	r (if appli	icable)								
Date(s) and I	Duration (	of Rainfall:								
Start Date:	Time:	AM PM	End Date:	Time:	AM PM	Amount of Rainfall (inches)	Amount of Snow Melt (inches) 10"			
03-10-13	9:00		03-11-13	<u>9:00</u>		1.25	IU			
Contributing FROZEN	Soil Con	ditions (satu	urated, frozen	, soil type)	)					
Where Did	l the Di	scharge	from the O	verflow	or Bypas	ss Go? (check all that a	pply)			
If discharge of storm sewer	does not to find th	enter direct e receiving	ly into surface	hat the wa water, bu	istewater ei it indirectly	nters, which could be a nearby by way of a ditch or storm sew	stream, river, lake, or wetland. er, trace the path of the ditch or			
_	•		r it drains to:							
Stom Se			face water it o	drains to:	-					
		ect dischar								
_		`	<u></u>	residentia	I. commerci	ial) of buildings affected): 1 R	ESIDENTIAL			
<u> </u>		• ' '	MMING UP F			, <u>, , , , , , , , , , , , , , , , , , </u>				
<u></u> ,	_									
Actions to	Corre	ct This O	ccurrence	and Pre	vent Fut	ure Owerflows or Bypas	sses			
Describe wh this form. A permits prob may be the	lso descr ribit overf	ibe what ac lows or byp	ctions are plan passes, unless	the volun ined to pre s certain s	ne of waste event or mir pecified cor	water discharged from the ove nimize future overflows or bypa nditions are met. Sanitary sew	rflow or bypass reported on assess. Illinois law and NPDES er overflows and bypasses			
WE CLEAN	ED THE	SEWER M	AIN.							
Report Co	omplete	ed By			Aut	horized Representative	Contact Information			
Contact Pers	son: Bob	La Chapelle	е		Con	tact Person: SAME				
Street Addre	ess: 2020	CHESTNU	JT RD		Title	e:				
PO Box:						et Address:				
City:		MEOOD	State		-	Box:	_			
Zip Code:	6043		Phone: 708-2	206-2910	-		State:			
County:	coc	Ж			Cou	Code: ntv:	Priorie:			
					004					
Any person Illinois EPA ILCS 5/44(h	commit	owingly ma s a Class 4	akes a false, 4 felony. A s	fictitious, econd or	, or fraudui subsequei	lent material statement, oral nt offense after conviction is	ly or in writing, to the a Class 3 felony. (415			
Authorized I	Represer	ıtative Nam	ie (Print)		Title					
Bob LaChar	oelle 🥕	1			UTILITY	SUPERVISOR				
M.L	-1.//	<i>)</i>								
/WA	uzy					3-11-				
Auti	/ norized R	epresentat	ive Signature		-	Date				



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Permittee (Mui VILLAGE OF I			ity Nar	ne):	Permit Number MS4-IL40035	t or contribution of the c					
Date:	Time:	AM  X	PM	IEPA Office	Contacted:		Name of IEPA Employee Contacted: Alan Anderson				
03-11-13 9:30 X DES PLAI Sanitary Sewer Overflow or Bypass De						·	Alan Anderson				
-						separate fo	orm for each occurrence):				
Start Date:	Time: AM PM Duration of the overflow or bypass (hours and minutes):										
03-11-13	9:30	_ (X)									
Estimated Volu Wastewater Discharged (gallons):	W M	WTP F GD): 1 vstem S	low D Not ap SSO.	uring bypass plicable for a	(report in collection	Location of t	the Overflow or Bypass:				
0	N/A			19019 LOOMIS AVE							
Circumstan	ces Cau	ısing	the C	Overflow o	r Bypass (cl	neck all ti	hat apply)				
WPC 733 11/2011	⋉ Rain			☐ Power Outage ☐ Equipment Failure ☒ Other (explain below)							
	✓ Snow Melt			☐ Broken Sewer ☐ Widespread Flooding							
failed. What c	aused the	power	outag	e, or what pl	ugged the sewe	r. Flooding	occurred. For example, describe what equipment g should only be indicated, as a cause if there is not just localized high water in the street.				
The RESIDEN	NT at 1901	9 LOC	MIS A	VE called an	d reported he h	ad water co	oming from the floor drains.				

Wet Weathei	r (it applic	able)									
Date(s) and [	Ouration of	f Rainfall:									
Start Date:	Time:	AM PM	End Date:	Time:	AM PM	Amount of Rainfall (inches)	Amount of Snow Melt (inches)				
03-10-13	9:00		03-11-13	9:00		1.25"	10"				
Contributing FROZEN	Soil Cond	itions (sat	urated, frozen,	soil type)							
Where Did	the Dis	charge	from the O	verflow	or Bypas	ss Go? (check all that a	apply)				
Provide the n If discharge o storm sewer	does not e	nter direct	ly into surface	at the wa water, bu	stewater e t indirectly	nters, which could be a nearby by way of a ditch or storm sev	y stream, river, lake, or wetland. wer, trace the path of the ditch or				
Runs on	ground an	d absorbs	into the soil								
Ditch: N	ame of su	rface wate	r it drains to:								
Storm Se	ewer: N	ame of sur	face water it d	rains to:							
		ct dischar									
						ial) of buildings affected): 1 R	ESIDENTIAL				
○ Other, d	escribe:√	ATER CO	MMING UP F	LOOR DR	AINS						
permits prof	nibit overfl subject of (ED THE (	ows or by enforcem	passes, unless ent action	certain sp	Decilied co	nditions are met. Sanitary sev					
Report Co	omplete	d By			Au	Authorized Representative Contact Information					
Contact Per	son: Bob l	.a Chapell	e		Con	Contact Person: SAME					
Street Addre		<u> </u>			Title	Title:					
PO Box:			· ·		Stre	eet Address:					
City:	HOM	EOOD	State		-	Box:					
Zip Code:	6043	<del></del>	Phone: 708-2	206-2910	City		State: Phone:				
County:	<u>coo</u>	K				Code:					
					COL						
Any persor Illinois EPA ILCS 5/44(f	4 commit	owingly m s a Class	nakes a false, 4 felony. A s	fictitious, econd or	or fraudu subseque	ilent material statement, ora nt offense after conviction i	lly or in writing, to the is a Class 3 felony. (415				
Authorized	Represen	tative Nan	ne (Print)		Title						
Bob LaCha	pelle ,				UTILITY SUPERVISOR						
Rout	WII.	A control of the cont			3-11-13						
Aut	horized R	epresenta	tive Signature			Date					